PTO/SB/17 (12-04) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Effective on 12/8/2004. Fees pulsuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/750,981 TRANSMITTAL Filing Date 1/2/2004 First Named Inventor WU, JIE For FY 2005 **Examiner Name** PATEL, PARESH H X Applicant Claims small entity status. See 37 CFR 1.27 Art Unit 2829 TOTAL AMOUNT OF PAYMENT (\$) 60.00 Attorney Docket No. **ALL003** METHOD OF PAYMENT (check all that apply) X Check Credit Card Money Order None Other (please identify): Deposit Account Number. Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charges fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 **Total Claims** Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims - 20 or HP = \$25.00 Fee (\$) \$ 0.00 Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 \$180.00 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 0 \$100.00 \$ 0.00 HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). **Total Sheets** Number of each additional 50 or fraction thereof Extra Sheets Fee Paid (\$) (round up to a whole number) x /50= 0 \$125.00 \$ 0.00 4. OTHER FEE(S) Fees Paid(\$) Non-English Specification, \$130 fee (no small entity discount) Other: PETITION FOR EXTENSION OF TIME \$60.00 SUBMITTED BY Registration No. Signature 30943 Telephone 949-640-6261 (Attorney/Agent) Name (Print/Type) Lawrence N. Ginsber Date 105

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Any comments on the amount of time you require to complete this form allevel suggestions for reducing this burden, should be sent to the Chief line Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.